Pease type a plus sign (+) inside this box			PTO/SB/81 (0
<u> </u>		U.S. Patent and T	Approved for use through 10/31/2002. OMB 0651- Frademark Office: U.S. DEPARTMENT OF COMME
Under the Paperwork Reduction Act of 1995, no persons a	Application		information unless it displays a valid OMB control no 10/036,042
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Filing Date		. November 9, 2001
	First Named	Inventor	Read Taintor
	Group Art Ur	nit	
	Examiner Na	ame	
	Attorney Doo	ket Number	
hereby appoint:			
☑ Practitioners at Customer Number	21552		
OR L			
Practitioner(s) named below:			21552
			PATENT TRADEMARK OFFICE
Name		Regis	stration Number .
Loren R. Hulse	Loren R. Hulse		46,784
as my/our attorney(s) or agent(s) to prosecute the Trademark Office connected therewith.	ne application ide	ntified above, an	nd to transact all business in the Patent an
Please change the correspondence address fo	or the above-ident	ified application	to:
The above-mentioned Customer Number.			A REPORT THE REPORT BY SERVE THE LIBERT
			. 1
OR	21552	¬	
OR Practitioners at Customer Number OR	21552]	→ [
Practitioners at Customer Number	21552]	21552 PATENT TRADEMARK OFFICE
Practitioners at Customer Number OR Firm or Loren R. Hulse	21552		21552 PATENT TRADEMARK OFFICE
Practitioners at Customer Number OR Firm or Individual Name Loren R. Hulse	21552	ate	21552 PATENT TRADEMARK OFFICE
Practitioners at Customer Number OR Firm or Loren R. Hulse Address		ate	ZIP
Practitioners at Customer Number OR Firm or Individual Name Address City	Sta	ate	
Practitioners at Customer Number OR Firm or Loren R. Hulse Address City Country	Sta		zip RECE
Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone	Sta		ZIP

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

SIGNATURE of Applicant or Assignee of Record

Submit multiple forms if more than one signature is required, see below*.

Read Taintor

forms are submitted.

02/10/2003

Name

Signature

*Total of